

## Request for Certification of Americans with Disability Act Paratransit Eligibility

The information obtained in this certification process will only be used by the County of Placer (Placer County Transit or Tahoe Area Regional Transit) for the provision of transportation services. Information regarding the evaluation of your functional ability to use transit services will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person or agency.



***Placer County Transit***  
***“We’re going your way!”***



***Tahoe Area Regional Transit***

1) Name: \_\_\_\_\_

2) Address: \_\_\_\_\_

Mailing (if different than  
above):

3) Phone: \_\_\_\_\_ Home \_\_\_\_\_ Alternate \_\_\_\_\_

4) Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5) What is the disability which prevents you from using our fixed route bus service?

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Is this condition temporary?

**YES**

**NO**

If yes, when is it expected to subside? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- 6) How does this disability prevent you from using fixed route bus services?  
Please explain completely. Use an additional sheet, if necessary.

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- 7) Are there any other effects of your disability of which we need to be aware?

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**The following information will be used to ensure that an appropriate vehicle is used to provide your transportation and so an accurate analysis of your trip requests can be made by TART/PCT.**

- 8) Do you use any of the following mobility aids? (check all that apply)

Manual wheelchair \_\_\_\_\_ Electric wheelchair \_\_\_\_\_ Cane \_\_\_\_\_  
Other service animal \_\_\_\_\_  
Guide dog \_\_\_\_\_ Crutches \_\_\_\_\_  
Powered scooter \_\_\_\_\_ Personal care attendant \_\_\_\_\_

If you use a wheelchair or scooter, what is it's:

length \_\_\_\_\_ inches width \_\_\_\_\_ inches

Does the total weight of your wheelchair or scooter and yourself exceed 600 Lbs.?

**YES**

**NO**

*\*Please note that we may not be able to accommodate wheelchairs or scooters that exceed these specifications when occupied: 48 inches in length- 32 inches in width- 600 pounds (including the individual.)*

- 9) Do you currently use any transit or paratransit service in the region?

**YES**                      **NO**      If yes, please describe: \_\_\_\_\_

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- 10) What is the maximum distance you can travel without the assistance of another person? \_\_\_\_\_ yards

11) Does your disability prevent you from traveling this distance in snow, ice or over certain terrain? (Explain) \_\_\_\_\_

12) Can you climb up and down three 12-inch steps to get on and off a bus?

**YES NO Sometimes**

13) What is the maximum period of time you can wait outside without support?

14) Is this time period affected by extremes of hot or cold weather? **YES NO**  
If yes, please describe \_\_\_\_\_

15) I hereby certify that the information given above is correct.

Signed \_\_\_\_\_

Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

16) If this application has been completed by someone other than the person requesting certification, that person must also complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Home \_\_\_\_\_ Alternate \_\_\_\_\_

Signed \_\_\_\_\_

Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return completed application to:

Placer County Transit  
(530) 885-BUSS (2877)  
(916) 784-6177  
Mailing address: 11460 F Ave  
Auburn, CA 95603  
Email: [pct@placer.ca.gov](mailto:pct@placer.ca.gov)  
Website: [www.placer.ca.gov/transit](http://www.placer.ca.gov/transit)

Tahoe Area Regional Transit  
(530) 550-1212  
870 Cabin Creek Road  
Truckee, CA 96161  
Email: [tart@placer.ca.gov](mailto:tart@placer.ca.gov)  
Website: [www.placer.ca.gov/tart](http://www.placer.ca.gov/tart)

## Authorization to release personal information

(To be completed by applicant. A doctor's statement is not required.)

I hereby authorize the release of information to the Placer County Department of Public Works about my functional travel abilities. The information released will be used solely to determine my eligibility for ADA paratransit service.

Name of professional\* \_\_\_\_\_

Agency/Organization \_\_\_\_\_

Phone number \_\_\_\_\_

I understand that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at any time.

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Name of applicant (please print)

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Signature of applicant

Date

\*Verifying "professional" may be a rehabilitation specialist, disability evaluator, mental health case worker, physician or other such individual knowledgeable of your disability or disabilities and functional travel abilities.

Placer County Transit  
(530) 885-BUSS (2877)  
(916) 784-6177  
Email: [pct@placer.ca.gov](mailto:pct@placer.ca.gov)  
Website: [www.placer.ca.gov/transit](http://www.placer.ca.gov/transit)

Tahoe Area Regional Transit  
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Website: [www.placer.ca.gov/tart](http://www.placer.ca.gov/tart)